## PART B - FEE(S) TRANSMITTAL Orith applicable fee(e), to: Mail Mail Stop ISSUE FEE Complete and send Commissioner for Patents P.O. Box 1450 AUG 1 2 2004 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This form should be used transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 07/27/2004 Eric K. Satermo Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Registered Patent Agent P. O. Box 19099 Irvine, CA 92623-9099 08/13/2004 SHASSEN2 00000166 10623049 SATERMO (Signature) 665.00 OP 01 FC:2501 300.00 OP 02 FC:1504 CONFIRMATION NO. FIRST NAMED INVENTOR FILING DATE ATTORNEY DOCKET NO. APPLICATION NO. 10/623,049 07/18/2003 George M. Tuxford 0302-01 3960 TITLE OF INVENTION: FOOT POWDERS AND METHODS FOR THEIR USE **PUBLICATION FEE** APPLN. TYPE SMALL ENTITY **ISSUE FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$665 \$300 . \$965 10/27/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS PRYOR, ALTON NATHANIEL 1616 424-659000 1. Change of correspondence address or indication of "Fee Address" (37 FR 1.363). 2. For printing on the patent front page, list ERIC K. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached: Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

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